

COMPOSITE EXHIBIT 1

In Re: Cathode Ray Tube (CRT) Antitrust Litigation (MDL No. 1917)
(U.S. District Court for the Northern District of California)

CATHODE RAY TUBE (CRT) INDIRECT PURCHASER CONSUMER CLAIM FORM
Deadline for Submission is December 7, 2015

GENERAL INSTRUCTIONS

To get a payment from these settlements totaling \$576.75 million, you must complete all four parts of the Claim Form. You may complete the Claim Form and submit it by mail to CRT Claims, c/o The Notice Company, P.O. Box 778, Hingham, MA 02043 **OR** you may submit your claim online, which is the easiest method, at **www.CRTclaims.com**.

It is expected that at least \$25.00 will be paid to each eligible Class Member who submits a valid Claim Form. Your claim must be submitted online by, or mailed and postmarked by, **December 7, 2015**.

Consumers (individual or business) in 21 states and the District of Columbia who indirectly purchased Cathode Ray Tubes (CRT) Products are eligible to receive payment from the Settlements. CRT Products include CRTs and products containing CRTs, such as televisions and computer monitors. "Indirectly" means that you purchased the CRT Product from someone other than a Defendant or alleged co-conspirator; instead you purchased the CRT Product from a retail store, supplier, or some other seller.

You must answer the Eligibility Questions below, by checking the appropriate boxes, to see if you are eligible. The Claim Form must be dated and signed by the Class Member (or, if deceased, by an estate representative).

Important Eligibility Note: Sony® branded televisions and monitors are **NOT** eligible to be included in this case. All other brands of CRT televisions and monitors are eligible.

THIRD-PARTY SUBMISSIONS: If you are submitting this Claim Form on behalf of someone else, you **MUST** complete the CLAIM SUPPLEMENT and send it along with the completed Claim Form.

PART 1: ELIGIBILITY QUESTIONS

1. Did you purchase a CRT Product for your own use and not for resale in the following states:

- a. Arizona, California, Florida, Iowa, Kansas, Maine, Michigan, Minnesota, Mississippi, New Mexico, New York, North Carolina, North Dakota, South Dakota, Tennessee, Vermont, West Virginia, Wisconsin or the District of Columbia, between **March 1, 1995**, and **November 25, 2007**?

☒ Yes ☐ No

- b. Hawaii between **June 25, 2002**, and **November 25, 2007**?

☐ Yes ☒ No

- c. Nebraska between **July 20, 2002**, and **November 25, 2007**?

☐ Yes ☒ No

- d. Nevada between **February 4, 1999**, and **November 25, 2007**?

☐ Yes ☒ No

2. **Did you purchase a CRT Product from a retail store or someone other than a Defendant or an alleged co-conspirator?** For example, if you purchased a CRT television or computer monitor from a retailer like Best Buy or a computer manufacturer like Dell, then your answer should be "Yes." If you made no purchases from a retailer or other supplier and you only purchased a CRT television or computer monitor directly from a Defendant or an alleged co-conspirator, then your answer should be "No."

☒ Yes ☐ No

You are eligible for payment only if you answered "Yes" for at least one state listed in Question 1 subparts (a), (b), (c) or (d), AND Question 2. To get a payment you must submit your Claim Form online at www.CRTclaims.com or complete Parts 1, 2, 3 and 4 of this Claim Form and mail it to: CRT Claims, c/o The Notice Company, P.O. Box 778, Hingham, MA 02043.

If you have questions about your eligibility to participate or on how the Settlement Fund will be distributed, you should review the Class Notice and other documents at the website. You may also call 1-800-649-0963 if you have any questions.

PART 2: PURCHASE INFORMATION

In order to make a valid claim, you must have purchased your CRT Product(s) in an eligible state during the specified time frames ("Claims Periods"). The Claims Period for the eligible states is between **March 1, 1995, and November 25, 2007**, except for purchases in Hawaii, Nebraska, and Nevada which have slightly shorter Claims Periods.

- Purchases in Hawaii must have been made between **June 25, 2002, and November 25, 2007**.
- Purchases in Nebraska must have been made between **July 20, 2002, and November 25, 2007**.
- Purchases in Nevada must have been made between **February 4, 1999, and November 25, 2007**.

Enter the total number of CRT Products you purchased between **March 1, 1995, and November 25, 2007** (see modified class period dates above for purchases made in Hawaii, Nebraska, or Nevada). **Only include qualifying products for which you answered "Yes" to the Eligibility Questions in Part 1:**

Provide the total number of CRT Products purchased during the Claims Periods. For example, if you bought 3 computer monitors, write "3" in the corresponding space.	
Product Type	Number Purchased
Standard CRT Television (screen size less than 30 inches):	<u> 1 </u> purchased
Large CRT Television (screen size 30 inches or larger):	<u> </u> purchased
CRT Computer Monitor:	<u> 1 </u> purchased
Other CRT Product(s) (please specify): _____	<u> </u> purchased
(Attach additional page(s) if necessary.)	

Important Notes:

All claims are subject to audit and large claims will require verification

****Sony®** branded televisions and monitors are **NOT** eligible to be included in this case**

All claimants should keep any proof of purchase

PART 3: CLASS MEMBER INFORMATION

Type or print neatly in blue or black ink.

Class Member's First Name

Douglas

Class Member's Last Name

ST. John

Suffix

Entity/Business Name of Class Member

Person to contact if there are questions regarding this claim:

Joseph S. ST. John

Specify one of the following – Class Member is:



Individual



Business (1-10 Employees)



Business (11-50 Employees)



Business (Greater than 50 Employees)

Class Member's (or Estate Representative's) Mailing Address: Number and Street or P.O. Box

514 Mockingbird Dr

City

Long Beach

State

MS

Zip Code

39560

Telephone Number (Day)

228-865-0051

Email Address

dug031643@aol.com

Individuals: Provide the last 4 digits of your Social Security Number:

OR Provide Date of Birth (Month and Year):

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Businesses: Provide your Federal Taxpayer Identification Number:

OR Provide Date of Formation or Incorporation:

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PART 4: SIGN AND DATE CLAIM FORM

I declare under penalty of perjury under the laws of the United States of America, that the information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Douglas W. ST. John

Signature of Class Member (or Estate Representative)

10/04/15

Date (MM/DD/YY)

Douglas W. ST. John

Print Name

Title (if you are filling out this form for a business)

Claims may be audited and any false or fraudulent claim is subject to prosecution.

REMINDER

Please make sure that you:

1. Complete all four parts of this Claim Form;
2. Sign and date the Claim Form;
3. Submit your Claim Form on or before **December 7, 2015**, online or by mail to:

www.CRTclaims.com

OR

CRT Claims
c/o The Notice Company
P.O. Box 778
Hingham, MA 02043

4. Keep a copy of the completed Claim Form for your records;
 5. Retain any proof of purchase documentation you may have for CRT Products until your claim is closed.
- You will be notified if you are required to provide this documentation during the claim verification process.

In Re: Cathode Ray Tube (CRT) Antitrust Litigation (MDL No. 1917)**CLAIM SUPPLEMENT****To be used ONLY if You are submitting a Claim Form on behalf of someone else**

If you are submitting a Claim Form on behalf of someone else, you must submit (1) this completed Claim Supplement, (2) the completed Claim Form signed by the Class Member, and (3) a Written Authorization, signed and dated by the Class Member, authorizing you to submit a Claim Form in this case on behalf of the Class Member. If you are submitting a claim on behalf of the estate of a deceased Class Member, this form must be accompanied by a death certificate and an Affidavit of Entitlement - available at www.CRTclaims.com/affidavit or from the Settlement Administrator. If you are an attorney or a claims submission company, you must submit a Claim Supplement and a Written Authorization with each Claim Form that you submit on behalf of a Class Member.

Your First Name Your Last Name Suffix

Your Entity/Business Name

Person to contact if there are questions regarding this claim:

Specify one of the following - You are:

☐ Attorney ☐ Relative of Class Member ☐ Claims Submissions Company ☐ Other:

Your Mailing Address: Number and Street or P.O. Box

City State Zip Code

Telephone Number (Day) Email Address

Your Complete Federal Taxpayer Identification Number:

Name of Class Member who has authorized you to submit a Claim Form in this case:

SIGN AND DATE CLAIM SUPPLEMENT

I declare under penalty of perjury under the laws of the United States of America, that the information provided in this Claim Supplement is true and correct to the best of my knowledge and belief.

Signature of Person Submitting Claim Supplement

Date (MM/DD/YY) / /

Print Name

Title

Did you attach the Class Member's Written Authorization (or required estate documents as listed above)?

Claim Supplement will not be accepted unless (1) you include a Written Authorization, signed and dated by the Class Member, authorizing you to submit a Claim Form in this case on behalf of the Class Member, (2) the completed Claim Form signed by the Class Member, and (3) this signed Claim Supplement.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

HINGHAM MA 02043

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	\$	\$6.74

0260

04 Postmark
Here

10/05/2015

Sent To
CRT claims cloThe Notice Co.
 Street, Apt. No.,
 or PO Box No. *PO. Box 778*
 City, State, ZIP+4
Hingham, Ma 02043
 PS Form 3800, August 2006 See Reverse for Instructions

Long Beach
 Long Beach, Mississippi
 395609998
 2737860260-0098

10/05/2015 (228)868-5419 02:08:59 PM

Product Description	Sale Unit Qty	Price	Final Price
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HINGHAM MA 02043-0778 Zone-6			\$0.49
First-Class Mail Letter			
0.80 oz.			
Expected Delivery: Thu 10/08/15			
@@ Certified Mail			\$3.45
USPS Certified Mail #:			
70133020000134318321			
# Return Receipt			\$2.80
Label #:			
9590952106150127501303			

Issue Postage: \$6.74

Total: \$6.74

Paid by:
 Cash \$6.74

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

After delivery, use this tracking
 number to track your Return Receipt.

Order stamps at usps.com/shop or
 call 1-800-Stamp24. Go to
usps.com/clicknship to print
 shipping labels with postage. For
 other information call
 1-800-ASK-USPS.

 Get your mail when and where you
 want it with a secure Post Office
 Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000203009468
 Clerk:04

All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

Go to:
<https://postalexperience.com/Pos>
 or scan this code with your mobile
 device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

7013 3020 0001 3421 8321